A Case of Hysterical Dysphagia.

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A CASE OF HYSTERICAL DYSPHAGIA.[1]

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The case I am about to recite is one which has been of very great interest to me. I had never before seen a case of the kind. The length of the time of the contracture was remarkable; the measures employed to check hemorrhage were unusual; the absence of pathologic lesions was surprising; and the diagnosis made was so absolutely false.

The manifestations of hysteria are almost without number; we have them affecting the sight, the hearing, the taste, the sensibility of the parts, the respiration, or the genito-urinary organs. They many times assume the phases of neurasthenia. When they present themselves in the digestive tract, they are in the form of emptiness, fulness, sinking, vomiting, belching, pain, or anorexia. These symptoms, occurring in hysterical subjects, are classed under the general heading of nervous dyspepsia, while there may be no functional stomach affection. The hysterical symptoms are at times confined to the esophagus, taking the form of a contracture; this contracture may be limited to the pharyngeal muscles, but it may affect any part of the tube. There appears to be a hysterogenic zone located in the mucous membrane, as has been suggested by Gilles de la Tourette, so that food and liquids are rejected almost immediately after swallowing. This is the result of touching this hysterogenic zonal mucous membrane. The duration of the spasm or the contracture varies from days to weeks, months or years, while it may disappear suddenly after some shock, some strong emotion, by hypnotic suggestion, or without cause.

Briquet[2] has reported cases of death from inanition, due to contracture of the esophagus. In the vomiting there is neither pain nor discomfort when the contracture affects the stomach. Contracture follows whether the food has been passed into the stomach by swallowing or through the stomach tube. This supports the theory of de la Tourette.

In the diagnosis we must remember not to confound this disorder with the vomiting which occurs in cerebral diseases, for while the vomitings resemble one another, the presence of intracranial pressure or some blood change in the one, and the stigmata of the other, will be found upon careful examination.

[1] Read at a meeting of the Medical Society, D. C., Nov. 17, 1897.
[2] Traité Clinique et Thérapeutique de l'Hystérie, 1859.

Gilles de la Tourette and Cathelineau[1] have brought out the fact that all the food introduced into the stomach is not vomited; this explains the absence of emaciation. At the same time, if this vomiting persists for a length of time, emaciation will become progressive, and death follow. Autopsies in these cases fail to show any lesions whatever. Robinson[2] has reported a post-mortem where no lesions were found. When a death is recorded from hysteria, suspicions are always aroused, and the conclusion is soon reached that there was careless observation. Still, we cannot doubt all records.

Atonic vomiting and dilatation may be due to paralysis of the muscular coats of the stomach, the paralysis being of a hysterical nature. Occasionally hematemesis has been observed—at times small, then again large in quantity. Bouloumie[3] reported a case where a liter of blood was lost. This blood may be mixed with food; oftener it is bright red blood; or it may be mixed with mucus. It may also be in brownish clots, showing its partial digestion. The intervals at which these bleedings occur may be short or long. Hematemesis hysterica is really vicarious menstruation. Preston[4] reports such a case. In this case there appeared to be some family predisposition to the vomiting of blood.

Cases of hysterical hematemesis may be confounded with gastric ulcer. In an examination of patients in the Paris Hospital, Gilles de la Tourette found a large percentage of cases of hysterical subjects diagnosed as gastric ulcer.

Hysterical anorexia, a condition where the patient is unwilling to take food, is entirely different from contracture.

Preston[5] recites the case of a negro girl unable to swallow anything but the most minute particles of solid food. Food was regurgitated as soon as it passed the pharynx. Careful examination showed no organic stricture, and after continuing thus for nearly a year the condition entirely disappeared.

Hoffmann, Bamberger, Mackenzie, Fitz, Osgood, Rosenheim, Coolidge and others have written on this subject.

L. T——, female, white, aged 36 years; born in Maryland, and of strong muscular development. History as follows: Menses established at 19 years, always regular and without pain; she had a congenital stricture of the urethra, requiring, since birth, the daily

[1] La Nutrition dans L'Hystérie.
[2] *Lancet*, London, 1893.
[3] *L'Union Médicale*, 1880.
[4] Hysteria and Certain Allied Conditions, p. 173.
[5] *Op. cit.*, p. 173.

use of a catheter; her father had some such trouble, but died of an affection of the liver. Patient was single, and had never been pregnant. About March or April, 1893, she had spitting of blood, followed by difficulty in swallowing, which difficulty steadily increased until June 2, 1893, at which time she was first seen. Everything was rejected as soon as taken. All fluids and solids passed to a point of constriction midway of the sternum, where they caused a bubbling until they were rejected. Pressure upon this point caused pain. There was a sensitive point over the last cervical vertebra, and another about the last dorsal. Pressure over the cervical spot caused pain at the sensitive spot in the sternum. With the hands placed in the axillæ, and an attempt being made to lift the body, a pain started at the cervical spot and ended at the sternal spot; the pain being described as knife-like. She had retained nothing for a week. Bowels moved only in response to enema, with hard, blackened motions. Patient did not suffer from hunger. There was no hysteria as far as I could ascertain from her history. Twenty-six years ago she swallowed a pin, but no inconvenience had resulted from it.

The diagnosis was made of stricture of the esophagus from ulceration or abscess. The treatment advised was dilatation by bougies, nourishing enemata, and giving the stomach quiet. During the evening of June 1 something gave way, and she threw up a mass of greenish stuff, of a disagreeable taste. About two hours after she ate toasted bread. In swallowing the bread patient complained of a scratching at the former seat of the bubbling. On the 16th of June she had another discharge, and another on the 24th, with evident relief.

On June 28 esophageal bougies were passed with pain and difficulty. Patient vomited a great quantity of frothy mucus. Menses appeared during the operation. During the night she had a great deal of pain and vomiting of blood. This continued until the 2d of July, when it became less. She was given fluid extract of ergot, twenty drops every four hours. Bowels constipated; swallowing difficult; nourishing enemata.

July 3. Bleeding checked; enemata continued.

July 13. Has been bleeding from the bowels since the 10th, followed by cramps. Given pulverized opium one-fourth grain, acetate of lead five grains, every three hours.

July 15. Has had several very free bleedings. Given pulverized opium one-fourth grain, acetate of lead ten grains, every four hours.

July 17. Has no bleeding. Given pulverized opium one-fourth grain, acetate of lead five grains, every three hours.

July 19. No bleeding; constipated; enema of soap and water; feels lump in the throat; this is a precursor of hemorrhage.

July 22. At one o'clock on the morning of the 20th patient vomited blood; feels soreness in stomach to-day, but swallows well; slight cramp in abdomen; Seidlitz powder; soup and other diet to her fancy.

July 27. On the 23d no blood vomited; on 24th no action from bowel for nine days. Given an enema; also aromatic sulphuric acid fifteen drops, three times a day. Severe cramps in abdomen; bleeding from the bowel. The lead and opium stopped. Has pains in the legs from the trunk down.

August 2. Bleeding since 27th. Lump in throat broke on 27th. Given pulverized opium one-third grain, acetate of lead thirty grains, in powder, three times a day, on 27th, 28th and 29th of July, and on August 2.

August 3. Is better; little bleeding from bowel.

August 8. Bleeding from stomach and bowel profuse; came on after dinner. Considerable pain over seat of the stricture. Given acetate of lead one drachm, dissolved in water, at one o'clock and at five o'clock; then half a drachm every four hours.

August 9. Bleeding stopped; continued the half-drachm powders.

August 12. Bleeding this morning. Given acetate of lead one drachm, at one o'clock and at five o'clock; then half a drachm three times a day.

August 13. Has cramps in abdomen; numbness in the limbs; legs are very weak and give way under her; hair is falling out; gums are becoming blue; bowels move; there is no blood lost; hands tremble; has sensation of pins and needles; last menstruation in June. Lead poisoning. Stopped acetate of lead and gave gallic acid fifteen grains every three hours.

August 16. Lump broke during the night; threw up her supper and then a little blood; blood also passed from bowel. Given tincture iron chloride half a drachm three times a day.

August 18. Cramps; bleeding only from bowels; morphine sulphate one-fourth grain at night and continue the chloride of iron.

August 26. Bleeding. Tincture iron chloride one drachm, then half a drachm, four times a day (alternately).

September 2. Bleeding checked since last note.

September 15. Bleeding since 11th; stricture tight.

September 18. Bleeding on 16th and 17th. Tincture iron chloride one drachm every four hours.

September 21. Bleeding from mouth and bowel; stricture is getting smaller; has pain over its seat.

September 24. Is very weak; still bleeding; out this morning.

September 27. Bleeds three times a day and passed blood from bowel. Cannot swallow anything. Spits up blood, pus, and membrane; has pain in abdomen, legs, and thighs.

October 4. Has swallowed nothing for nearly two weeks. Sac is filling, feels tight, and is about four inches square. Has a "dead feeling" in the fingers and pains in the legs. Bowels very free, passing blood. Uses enemas of beef tea, egg, and whiskey *ad libitum*.

October 7. Sac ruptured during the night; bleeding very free; bowels still free; does not swallow.

October 11. This morning ate meat, drank coffee and a part of a bottle of sarsaparilla. Is in bed. Vomited matters stain everything, and it is impossible to wash out the stain.

October 14. Does not retain anything; vomits blood and passes it from the bowel. In attempting to swallow fluids they are ejected through the nose and mouth. Is up.

November 1. Still bleeding.

November 5. Still bleeding and vomiting.

December 1. Still bleeding; is not losing flesh; looks well.

December 18. Has not eaten anything since November 23 (thirty-six days). Constipated; enemas of egg and beef tea. Bleeds from mouth at frequent intervals during the day. Feet swollen; have been so for two weeks.

January 4, 1894. Still bleeding.

February 22. Continues the same; no improvement.

December 9, 1895. Has been seen at intervals and no medicines given; condition not improved; is losing flesh and strength. Bleeding at regular intervals; has spells of sinking and unconsciousness; abdomen very sunken and tender to touch; still vomits, then bleeds from rectum; enemas continued; cannot swallow.

March 23, 1896. Has spells of unconsciousness lasting for hours. Bowels reject everything, milk as a curd. Still bleeding; is very emaciated. Has much pain over abdomen (liver and stomach).

March 26. Condition improved in that she retains enemata.

April 2. Bleeding from bowels and from stomach; enemata are rejected as curds.

April 22. Condition unchanged.

June 6. Is hungry. Fluids appear to diffuse themselves over

chest and are then rejected. Emaciation very great; tenderness at xiphoid and over entire abdomen; bowels absorb enemata at times; still vomits blood.

November 5. Condition unchanged. Is excessively tender over entire abdomen.

December 19. Has passed two long round worms, very dark. Three days ago felt something turn over three times in the abdomen, and she went to sleep and slept several hours. On awakening she called for food, swallowed it, and it was rejected; attempting it again, she retained it. The vomiting has stopped and she retains food. Has become quite deaf since this turning over, and passes her urine without catheter; has used catheter her entire life.

March 8, 1897. Is walking about and is going through her original symptoms, swallowing and then rejecting her food; food goes to a spot of churning and then returns.

May 11. Died very quietly this morning. During the past six weeks she has swallowed and rejected her food, and for the past month passed pus and mucus from the bowel.

Necropsy by Dr. D. S. Lamb showed not a single pathologic lesion.

The points of interest are: The continuance of the symptoms of stricture of the esophagus and the bleeding, without post-mortem lesions; the large doses of the acetate of lead; and the length of time she was sustained by enemata, to wit: June 2, 1893, no food for one week; October 4, 1893, no food for nearly two weeks; December 18, 1893, had not eaten since November 23 (thirty-six days); and this continued until December 16, 1896, or three years and twenty-three days.

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